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Promotion and protection of the rights of children: promotion and protection of the rights of children

The girl child

Report of the Secretary-General

Summary

The present report responds to the request of the General Assembly in its resolution 68/146 that the Secretary-General submit a report on the implementation of the resolution. It contains a brief overview of international obligations and global commitments with respect to the girl child. It addresses progress and challenges in areas such as poverty, equity, education, health, nutrition, water, sanitation and hygiene, HIV and AIDS, protection from violence, abuse and exploitation, child participation and human rights education.

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I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 68/146, entitled "The girl child", in which the Assembly requested the Secretary-General to submit a report on the implementation of the resolution, emphasizing the policies and achievements on water, sanitation and hygiene as they relate to the girl child. For the preparation of this report, notes verbales requesting relevant information on implementation of the resolution were sent to Member States, United Nations agencies, funds and programmes, and key non-governmental organizations (NGOs) working to promote girls' rights.

2. The report follows up on the 2013 report (A/68/263), submitted by the Secretary-General to the General Assembly at its sixty-eighth session, which emphasized fulfilment of the rights of girls in child-headed households. Section II of this report provides an overview of the legal and normative frameworks and international commitments with respect to the rights of the girl child; section III describes the situation of the girl child in areas covered by resolution 68/146; and section IV provides a detailed analysis of water, sanitation and hygiene as they relate to the girl child. Section V highlights progress and achievements made to promote the rights of the girl child, while section VI suggests recommendations for future action.

II. Legal and normative frameworks and global commitments

A. Human rights treaties and other international conventions

3. The realization of the rights of children, including girls, is the obligation of every State, as established by a comprehensive international legal framework. It incorporates the Convention on the Rights of the Child and its Optional Protocols, which outline a comprehensive set of rights to be enjoyed "without discrimination of any kind", including discrimination on the grounds of gender. It also includes all fundamental human rights treaties that include provisions confirming the principle of non-discrimination and equality between men and women, boys and girls. Among those treaties, the Convention on the Elimination of All Forms of Discrimination against Women relates directly to the situation and well-being of the girl child.

4. Legal obligations are also embedded in binding labour law instruments, including the 1973 Minimum Age Convention (No. 138), the 1999 Worst Forms of Child Labour Convention (No. 182), the 2011 Domestic Workers Convention (No. 189) and the 2014 Protocol to the Forced Labour Convention, 1930.

5. In 2013, the Committee on the Rights of the Child adopted four general comments. In comment No. 15, article 24, on the right of the child to the enjoyment of the highest attainable standard of health, the Committee notes the particularly pervasive nature of gender-based discrimination, which results in female infanticide/foeticide, discriminatory infant and young child feeding practices, gender stereotyping and reduced access to services.

6. In general comment No. 14 the Committee acknowledges the difficulties facing the girl child in having her best interests recognized when cultural or religious values are in contradiction with the Convention. General comment No. 17

highlights the challenges in realizing girls' right to rest, leisure, play and recreational activities in the face of domestic responsibilities, protective concerns of parents, lack of facilities and cultural assumptions that limit girls' expectations and behaviour. General comment No. 16 identifies phenomena that can victimize girls, such as sexual abuse and exploitation through the Internet and in the context of travel and tourism, and sexualization of girls in the media.

7. On 20 December 2012, the General Assembly adopted resolution 67/146 urging States to enforce legislation, raise awareness and allocate sufficient resources to protect women and girls from violence and condemn gender-based harmful practices, in particular female genital mutilations. In November 2014, the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child adopted Joint general recommendation No. 31/general comment No. 18 on harmful practices.

B. International conferences, intergovernmental bodies and related commitments

8. Member States have made extensive commitments to eliminate discrimination against the girl child. These forums include the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), along with subsequent review conferences, in which governments have repeatedly recognized girls' fundamental rights to reproductive health, education and participation in social, political and economic life without discrimination.

9. United Nations entities have encouraged the international community to implement the above-mentioned strategic objectives. At the Girl Summit in July 2014, women, girls, community leaders, governments, international organizations and the private sector came together to focus on ending female genital mutilation/cutting and child marriage. The event galvanized key actors to commit to ending those harmful practices and elicited measurable commitments and increased financial resources for ending child marriage and female genital mutilation/cutting. The Girl Summit and General Assembly resolution 69/156 on child, early and forced marriage have kept those issues on the agenda of the Open Working Group on Sustainable Development Goals and in documents of the Secretary-General on the post-2015 agenda.

10. In June 2014, the Office of the United Nations High Commissioner for Human Rights (OHCHR) released its first-ever report on preventing and eliminating child, early and forced marriage (A/HRC/26/22 and Corr.1). OHCHR convened a panel discussion on the issue at the twenty-seventh session of the Human Rights Council (September 2014).

11. At the request of the Human Rights Council in decision 24/117, OHCHR organized a high-level panel discussion to identify good practices, progress and obstacles, and eradication efforts in combating female genital mutilation at all levels. At the request of the Council in resolution 27/22, OHCHR also submitted a report on good practices and major challenges in preventing and eliminating female genital mutilation (A/HRC/29/20).

12. In January 2015, OHCHR released the report entitled "Attacks against girls seeking to access education", which highlights the fragility of achievements in universal education despite the impetus of the Millennium Development Goals. The document will contribute to development of the general recommendation on access to education prepared by the Committee on the Elimination of Discrimination against Women and to the Global Study on Women, Peace and Security, which will be published in advance of the 2015 High-level Review of Security Council resolution 1325 (2000).

13. In resolution 68/146, the General Assembly reaffirmed other outcomes of major United Nations summits and conferences relevant to girls. These included the outcome of the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century"; the Programme of Action of the International Conference on Population and Development; the Programme of Action of the World Summit for Social Development; and the agreed conclusions adopted by the Commission on the Status of Women at its fifty-seventh session, linking the empowerment of girls and the prevention and elimination of violence.

14. At its fifty-ninth session, in March 2015, the Commission on the Status of Women adopted a political declaration on the occasion of the twentieth anniversary of the Fourth World Conference on Women[1] and reiterated its commitment to implement the Beijing Declaration and Platform for Action. The Commission reaffirmed its role in ensuring gender mainstreaming, including in the post-2015 development agenda, and urged Governments, United Nations agencies and civil society organizations to take greater steps to achieve gender equality and the empowerment of women and girls.

III. Discrimination and the situation of the girl child

A. Poverty

15. Women and girls are more affected by poverty than men, especially within female-headed households. The 2008 economic crisis and ensuing hike in food prices affected women and girls harshly, especially in terms of allocation of food within the household. It is estimated that climate change will result in further price increases of staple foods, increasing the burden on women and girls.

16. Extreme poverty has declined, yet of the millions who still live on less than $1.25 a day, 47 per cent are 18 years old or younger.[2] This puts at risk the survival and growth of 569 million children,[3] but it is difficult to assess the proportion that is girls owing to the lack of sex-disaggregated poverty data. Even short periods of deprivation and exclusion can dramatically and irreversibly harm a child's development. These foregone development opportunities, together with abuse and

[1] *Official Records of the Economic and Social Council, 2015, Supplement No. 7* (E/2015/27), Chap. I, sect. C, resolution 59/1, annex.

[2] See P. Olinto and others, "The State of the Poor: Where are the poor, where is extreme poverty harder to end, and what is the current profile of the world's poor?", World Bank, *Economic Premise*, No. 125 (October 2013).

[3] UNICEF, "Child poverty in the post-2015 agenda", Issue Brief (June 2014).

exploitation, perpetuate, compound and intensify poverty for girls and women over the course of their lives.

17. Social and cultural norms exacerbate gender inequality and poverty of girls. The poorest girls are three times more likely to be married off than their peers from the wealthiest quintile of households. According to the World Health Organization (WHO), adolescent pregnancies, which have greater risks to mothers and babies, are more common in poor rural communities.

B. Education

18. Most of the 58 million children aged 6 to 11 years who are out of school are girls.[4] Girls are also more likely never to enrol in school (48 per cent compared with 37 per cent of boys). As noted by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Children's Fund (UNICEF), gender disparity is even wider in secondary education, particularly in sub-Saharan Africa, the Arab States and South and West Asia.

19. The educational disadvantages girls face worsen when combined with poverty and other forms of exclusion, such as living in a remote area, coming from an ethnic minority group or having a disability. If recent trends continue, the poorest boys in sub-Saharan Africa will achieve universal primary education in 2069, but the poorest girls will have to wait another 17 years, until 2086. Conflict further exacerbates marginalization, forcing schools to close, increasing teacher absenteeism and threatening children's security.

C. Health

20. In some countries where cultural norms favour sons over daughters, there is a substantial deficit in the ratio of female to male births resulting from prenatal selection. A preference for sons can also lead to higher than expected under-5 mortality rates among girls owing to neglect and discrimination in nutrition and health care relative to boys. United Nations Population Fund (UNFPA) data indicates that in recent decades, sex-ratio imbalances have grown in favour of boy children in a number of South Asian, East Asian and Central Asian countries, leading to an alarming demographic masculinization.

21. In adolescence, girls face greater health risks than boys, largely related to reproductive health and rights. Complications related to pregnancy and childbirth are the second leading cause of death of adolescent girls. Giving birth at a young age raises the risk of obstetric fistula, resulting in serious injury, shame and social isolation. Adolescent girls who are sexually active have limited access to and use of contraception, increasing their risk for unplanned and dangerous pregnancies, underscoring their lack of life choices.

22. The *State of World Population 2014* report by UNFPA shows that, globally, only 22 per cent of young women aged 15 to 24 have access to contraception compared with 60 per cent of women older than 30. Age-of-consent laws restrict

[4] UNESCO and UNICEF, *Fixing the Broken Promise of Education for All: Findings from the Global Initiative on Out-of-School Children* (2015).

adolescents' access to sexual and reproductive health services such as family planning, safe abortion where it is legal, or HIV testing. Moreover, young mothers are less prepared to care for children than adult mothers, and their children are more likely to experience adverse outcomes.

D. Food and nutrition

23. For biological and social reasons, girls are more likely to suffer from iron deficiency and anaemia, which globally affects 43 per cent of children under 5, 38 per cent of pregnant women and 29 per cent of non-pregnant women.[5] Iron deficiency and anaemia are common among adolescent girls, although reliable global estimates are not available to quantify the disease burden. Anaemia is a risk factor for maternal and perinatal mortality and low birthweight. Poor nutrition in utero and during early childhood hinders girls' capacity to support healthy foetal and infant growth and perpetuates an intergenerational cycle of undernutrition.

E. HIV and AIDS

24. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), approximately 35 million people were living with HIV worldwide in 2013. Of the estimated 2.1 million people with HIV aged 10 to 19 years old, 58 per cent were girls.[6] Trends in HIV infection among adolescents reveal pronounced gender and geographic disparities. UNAIDS data shows that, globally, 64 per cent of new infections are among adolescent girls, and that figure reaches 74 per cent in Africa. Furthermore, AIDS-related illnesses are the leading cause of death in adolescent girls and women of reproductive age in Africa.

25. HIV infection is more likely to occur for girls because of early sexual debut, age-disparate sex, child and forced marriage, low or no knowledge of HIV prevention, and intimate partner violence. Intimate partner violence has been found to increase girls' risk of infection in high-prevalence settings, with unequal power relations undermining their capacity to negotiate safer sex.

26. Gender disparities remain, despite moderate progress in HIV prevention efforts targeting young people aged 15 to 24. Among countries with data in sub-Saharan Africa, only 30 per cent of young women had comprehensive knowledge of HIV as of 2014, compared to 37 per cent of young men. The disparity in knowledge between young women living in the poorest households and those in the richest is 17 per cent versus 35 per cent.[7] HIV and AIDS strategies do not involve women and girls in sufficient or meaningful ways. Few countries report budgeting for HIV prevention activities for women and girls or related gender equality initiatives.

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[5] See G. Stevens and others, "Global, regional, and national trends in haemoglobin concentration and prevalence of total and severe anaemia in children and pregnant and non-pregnant women for 1995-2011: a systematic analysis of population-representative data", *The Lancet Global Health*, vol. 1, No. 1 (July 2013).

[6] P. Idele and others, "Epidemiology of HIV and AIDS among adolescents: Current status, inequities, and data gaps", *JAIDS*, vol. 66, supplement 2 (1 July 2014).

[7] See United Nations Department of Economic and Social Affairs, *Millennium Development Goals Report 2015*.

F. Violence, abuse and exploitation

27. Worldwide, millions of girls are affected by violence, exploitation and abuse, which take place in communities, schools, workplaces and homes. Girls are at much greater risk of sexual violence than boys. UNICEF data show that around 120 million girls aged 15 to 19 have experienced forced sexual acts, and 84 million (one in three) have been victims of emotional, physical or sexual violence committed by a husband or intimate partner.

28. Deeply rooted gender-based discrimination has led to harmful practices such as female genital mutilation/cutting, child and forced marriage, honour killings, acid attacks, stoning and sexual slavery. The 2014 UNICEF *Female Genital Mutilation/Cutting Report* shows that more than 130 million girls and women aged 15 to 49 in 29 countries have undergone female genital mutilation/cutting. Women and girls are disproportionately affected by abuse and exploitation through trafficking, representing 71 per cent of trafficked victims (50 per cent for women and 21 per cent for girls). Twice as many girls are trafficked as boys.[8]

G. Employment and child labour

29. In regions with high gender inequality, girls in the 15 to 24 age group suffer higher rates of unemployment than boys.[9]

30. Child labour remains widespread and represents a serious infringement of children's rights. Work that is too dangerous or arduous for a person under 18 or commences before the legal working age is thought to affect boys more markedly. Nonetheless, 68.2 million girls aged 5 to 17 were engaged in child labour in 2012, predominantly in the Asia-Pacific region. Some data further suggest, contrary to previous estimates, that girls forced into the worst forms of child labour outnumber boys between the ages of 5 and 14. More than boys, girls support their families through household chores and by caring for younger children and sick and elderly people. Twice as many girls as boys aged 5 to 17 are engaged in domestic work outside their home — a total of 11.5 million.

H. Disabilities: stigma and marginalization

31. Girls with disabilities are less likely than either boys with disabilities or girls without disabilities to obtain health care, education, vocational training or employment or to benefit from full inclusion in social, political and economic life. They also face increased risk of forced medical procedures to limit their fertility and increased likelihood of institutionalization and of experiencing violence in alternative care. They are more likely to be underweight than boys with disabilities owing to gender preferences in food distribution, leading to inadequate pelvic growth, injury to the baby during birth, and potentially continued disability in the next generation. The 2013 *United Nations Global Survey of Persons with Disabilities and How They Cope with Disasters* showed that these girls also enjoy fewer opportunities for participation in decision-making.

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[8] United Nations Office on Drugs and Crime, *Global Report on Trafficking in Persons*, 2014.

[9] All data in paragraphs 29 and 30 are from the International Labour Organization.

I. Humanitarian crises

32. In 2014, humanitarian crises affected more than 60 million children,[10] from conflict zones to regions devastated by natural disasters. Humanitarian crises leave girls more vulnerable to child marriage, limited nutritional intake and increased domestic work. Humanitarian emergencies pose particular risks for girls. They become even more vulnerable to abduction and trafficking, sexual abuse and exploitation. They are often forced to beg or engage in transactional sex to meet their own or their families' needs.

33. While the consequences of humanitarian crises are highly gendered, responses are not. Gender issues often have little visibility in needs assessments. Few adolescent girls participate in decision-making forums, leading to the lack of accountability frameworks addressing their needs.

J. Girls' participation

34. Many barriers prevent girls from exercising their right to participate in decisions that affect their lives, including limited mechanisms to speak up and be heard. Girls have less freedom of movement than boys, hindering their ability to meet friends, mentors and role models outside the home, speak publicly, participate in collective action and become community leaders. The lack of female role models further inhibits girls' confidence and self-esteem.

35. Despite increased focus on adolescent girls in development programmes, they are too often treated as beneficiaries rather than change agents.

IV. Water, sanitation and hygiene: situation and progress for the girl child

36. Access to safe water, private toilet facilities and hygiene are fundamental to the health, well-being, rights and dignity of all people. Owing to the combination of discriminatory gender norms and biological realities, girls suffer disproportionate harm from poor quality water supply and sanitation facilities. Improving both access and quality is a precondition for expanding girls' right to education, health, security of person, dignity and rest and leisure, in particular for girls living in poverty. The precise situation facing girls is unclear, however, because inequalities regarding water, sanitation and hygiene are commonly assessed on the basis of urban/rural and wealth differentials, but not on gender, leading to profound gaps in knowledge.

37. Girls' and women's right to water and sanitation was clearly articulated at the 1977 United Nations Water Conference in Argentina, and subsequently recognized in a number of international instruments, such as the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and General Assembly resolutions 64/292 and 68/157. The 1990 World Summit for Children also reaffirmed the commitment to children's right to water and sanitation.

[10] UNICEF, Humanitarian Action for Children, 2014 Appeal; available from www.unicef.org/appeals/foreword.html.

38. The 2015 Millennium Development Goals report shows that more than 663 million people are still using unimproved drinking water sources. Nearly half of the people without access to safe water live in sub-Saharan Africa, a region where women and girls bear the daily burden of water collection. This highly gendered, physically arduous and time-consuming task keeps girls from school, exposes them to the risk of physical and sexual assault at isolated water points, causes injuries and deprives them of play and leisure, both of which are necessary for optimal development and are the birth right of every child. The availability of adequate water for household tasks also has a disproportionate impact on girls and women, as they are most frequently responsible for cooking, cleaning and laundry.

39. Additionally, 2.4 billion people still lack access to improved sanitation facilities. Of these, three quarters live in rural areas.[11] Of the 1 billion people who defecate in the open, more than 80 per cent live in just 10 countries, 5 in Asia and 5 in Africa.

40. The health impacts of poor water, sanitation and hygiene services are severe. Unsafe water, inadequate sanitation and poor hygiene practices are still the leading causes of diarrhoea, pneumonia and undernutrition. Morbidities related to water, sanitation and hygiene also handicap girls and boys with lifelong harmful outcomes such as stunting, diminished ability to learn and anaemia. Rural girls who carry water containers (typically weighing 20 kg) for long distances can incur neck and back injuries. Poor sanitation can lead to reproductive tract infections and chronic constipation for girls and women.

41. Inadequate sanitation reflects and worsens gender-based inequities, precluding girls and women from realizing their rights and depriving them of dignity. Constrained by issues of privacy, modesty, shame and safety, women and girls, particularly those who are poor and marginalized, are more adversely impacted than men by the lack of proper sanitation. An estimated 1 billion women lack access to a toilet, and of these, hundreds of millions are left to defecate in the open.[12] These constraints can lead girls to reduce their food and water intake to be able to "hold out" until they can relieve themselves outside under cover of darkness. Yet going out at night puts their safety at risk. Degrading and unsafe sanitation conditions exert a heavy physical and psychological toll on women and girls. In South Asia, for instance, research found that rural women's distress about not having toilets had nothing to do with diarrhoeal and other infectious diseases and everything to do with freedom from sexual harassment, fear, emotional distress, physical and sexual violence, and suicidal thoughts.[13]

42. Notwithstanding the progress made in hygiene education in some countries, attitudes, stereotypes and prejudices around menstruation continue to be a challenge for adolescent girls. When girls cannot manage their menstruation in a healthy, dignified manner, this becomes a shameful burden rather than a positive sign of emerging adulthood.

43. While hygiene is a proven, low-cost, high-impact public health intervention, spending on hygiene is less than 1 per cent of total expenditures on water, sanitation

[11] WHO and UNICEF, *Progress on Drinking Water and Sanitation, 2014 Update*.

[12] WaterAid, "1 in 3 women lack access to safe toilets", Briefing Note, 2012.

[13] See A. Pradyumna and others, "Moving beyond sanitation's diarrhoea fixation", *The Lancet Global Health*, vol. 3, No. 1 (January 2015).

and hygiene,[14] reflecting a stark contrast between girls' needs and spending. The lack of gender-based data on hygiene contributes to the issue's being less visible and consequential. More data are needed, particularly on how girls deal with menstrual hygiene and associated costs, their level of access to adequate facilities and supplies, and the potential benefits of investment in hygiene to girls, their families and their countries.

44. Non-existent or inadequate sanitation facilities in schools are a significant barrier to girls' access to education. Girls often drop out of school if toilet and washing facilities are missing or unclean or lack privacy, as this also may put them at risk of harassment and rape. Girls and their female teachers need private sanitary facilities where they can change and dispose of their menstrual pads and have access to water to wash their bodies and hands as well as to remove stains from their clothing. In 2013, less than 50 per cent of primary schools in least developed countries had any water and sanitation facilities.[15] Although a number of countries report having policies for sanitation and drinking water in schools, very few are funded and fully implemented.

45. Nonetheless, since 1990 progress has been made, with 2.6 billion people gaining access to an improved water source and 2.1 billion to an improved sanitation facility.[16] Open defecation declined from 31 per cent in 1990 to 17 per cent in 2012, with the largest decline in Southern Asia (comprising Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan and Sri Lanka).[17] This progress has resulted in real gains for girls in terms of lowered morbidity, greater dignity and lives saved. The nature and extent of these gains for girls cannot be gauged specifically, however, owing to a dearth of data disaggregated by age and sex. Understanding the broad range of actual and potential benefits of improved water, sanitation and hygiene services for girls, especially for the most disadvantaged, requires disaggregating data by age, sex, income level and location. The quest for equity and universality can be measured only with disaggregated data.

46. Member States have taken measures to reduce inequalities and vulnerabilities, which have likely benefited girls. India has made strides in providing schools with functional toilets, increasing from 47 per cent in 2010 to 63 per cent in 2013. Bangladesh has included students-per-toilet ratios and indicators for toilet cleanliness and accessibility.[18]

47. While specific benefits and challenges related to water, sanitation and hygiene have received inadequate attention, menstrual hygiene management is gaining more focus. In 2014, 22 UNICEF-supported countries implemented menstrual hygiene management in schools. Bolivia and Rwanda have incorporated requirements for it in school construction standards.

48. A few countries are beginning to take actions to mainstream gender into national policies and plans on climate change, among them Turkey and Paraguay.

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[14] UN Water, Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), *Investing in water and sanitation: increasing access, reducing inequalities* (2014).

[15] UNICEF, *Water, Sanitation and Hygiene Annual Report 2013*.

[16] See United Nations Department of Economic and Social Affairs, *Millennium Development Goals Report 2015*.

[17] WHO and UNICEF, *Progress on Drinking Water and Sanitation, 2014 Update*.

[18] Data from UNICEF, *Water, Sanitation and Hygiene Annual Report 2013*.

UN Water continues to advocate for mainstreaming gender equality in water, sanitation and hygiene in the post-2015 development agenda. United Nations agencies have addressed gender inequalities through guidelines, including the OHCHR publication, *Realizing the human rights to water and sanitation: A Handbook*, and the UNESCO publication, *Good Policy and Practice in Health Education Booklet 9 — Puberty Education & Menstrual Hygiene Management*.

49. Progress has also been made in water, sanitation and hygiene in humanitarian contexts. United Nations agencies, academics, international organizations and NGOs have developed *Violence, Gender and WASH — A Practitioners' Toolkit* to address gendered bottlenecks such as the lack of safety during humanitarian crises. The UNICEF hygiene dignity kit addresses menstruation and privacy challenges in these high-risk contexts, and the United Nations High Commissioner for Refugees (UNHCR) provides refugee women and girls with sanitary materials. According to data from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) for 2015, the organization is helping to improve water and sewage networks for Palestine refugees, as 90 per cent of Gaza's water fails to meet the drinking standards of WHO.

50. To improve data collection and analysis, the UNICEF-WHO Joint Monitoring Programme Working Group on Equity and Non-Discrimination made recommendations to reflect gender-based inequalities in water, sanitation and hygiene targets and indicators in the upcoming sustainable development goals. OHCHR, with other United Nations agencies and NGOs, advocates for the collection of data disaggregated by age and sex to further reduce gender disparities in water, sanitation and hygiene access. Specific water, sanitation and hygiene indicators are included in the publication entitled *Monitoring and Evaluation Guidance for School Health Programs*, produced by UNESCO and partners.

51. Much more needs to be done, however, to provide the data required to ensure equitable sharing of the benefits of expanded water, sanitation and hygiene services. Disaggregated data on the time burden of household water collection and utilization, for instance, would help to clarify exactly who is doing this work within a household and what it means for their current well-being and future prospects. Time-use information disaggregated by age and sex would answer questions that are critical to realizing the rights of girls, such as assessing whether freedom from the burden of fetching water gives girls time for schooling and play.

52. Filling the pronounced data gaps in gender-based inequalities in the water, sanitation and hygiene sector is the first step in responding to the specific and extensive needs of women and girls. The post-2015 agenda must robustly address these limitations to make the plight of women and girls visible, understood and addressed. The gender gaps in indicators that must be addressed include: (a) level of access to and quality of water, sanitation and hygiene services; (b) soap availability and use at home and school; (c) harassment and violence owing to poor, non-existent or remote water, sanitation and hygiene facilities; (d) mortality and morbidities related to water, sanitation and hygiene; (e) the impact of taboos and stigma on menstrual hygiene management; (f) the rates and costs of infection owing to the lack of sanitary materials; and (g) the current level of expenditures and the level needed to address women and girls' water, sanitation and hygiene needs.

53. Bold political recognition of the issues girls face and support for changes are vital to improving girls' lives. The adoption of World Toilet Day in 2013, backed by

the United Nations Deputy Secretary-General's call to action on the elimination of open defecation by 2025, helped to break the silence on this taboo issue. Around 70 countries have enshrined the right to water in their constitution or legislation, and more than 60 have done so for sanitation.[19] Stronger legislative commitments on hygiene would prove especially powerful for girls.

54. If water, sanitation and hygiene outcomes are to meet their needs, women and girls must play key roles at all levels of decision-making. Improvements in water, sanitation and hygiene should also be benchmarked against girls' school enrolment, attendance and completion rates to ensure that the removal of such barriers has meaningful results. All key actors must continue to promote gender equality, human rights and social justice to eradicate social norms and stereotypes that sustain harmful discriminatory practices against girls.

V. Progress and achievements

55. Progress has been made in a number of areas with respect to the promotion of girls' rights and the implementation of General Assembly resolution 68/146. Some key achievements are highlighted below.

A. Strengthened legislation and commitment

56. Numerous Member States have adopted laws, policies, action plans and strategies to address violence against girls, including human trafficking, sexual violence and exploitation, female genital mutilation/cutting and child marriage. WHO, with the Inter-Parliamentary Union, mapped laws on child marriage in 37 Asia-Pacific countries. The institutional response to violence and exploitation has been strengthened through coordination and capacity-building in the social welfare, justice, education and health sectors.

57. The Secretary-General's Global Campaign for the Universal Ratification and Implementation of the Optional Protocols to the Convention on the Rights of the Child, launched in May 2010, has reinforced the commitments of Member States to protect children from sexual violence. For instance, the Optional Protocol on the sale of children, child prostitution and child pornography has received 169 ratifications. As of May 2015, 16 States have ratified the Optional Protocol on a communications procedure and 159 States have ratified the Optional Protocol on the involvement of children in armed conflict.

58. International Labour Organization (ILO) Convention No. 189, the Domestic Workers Convention, represents a major milestone for the development of legal and policy frameworks geared towards the elimination of child labour in domestic work. Within just four years of its adoption in 2011, the Convention has been ratified by 17 countries, and several other States have initiated procedures for ratification. The 2014 ILO Protocol to the Forced Labour Convention, 1930 and the Forced Labour (Supplementary Measures) Recommendation (No. 203) give renewed impetus to protection of children subjected to forced labour. A major campaign has been launched to promote ratification of this new protocol.

[19] See UN Water, Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), *Investing in water and sanitation: increasing access, reducing inequalities* (2014).

59. The international response to calls to protect girls affected by conflict has been strengthened by the adoption of Security Council resolution 2106 (2013), which focuses on accountability for perpetrators of sexual violence in conflict. In resolution 2143 (2014), the Council recommends preventive training in child protection for military personnel, police and peacekeepers.

B. Joint initiatives

60. The United Nations Girls' Education Initiative, launched in 2000, collaborates with a range of partners and networks to maximize resources and results for girls' education and gender equality. In partnership with the Global Partnership for Education, UNICEF and national governments, the Initiative is developing gender-responsive education sector plans through nationally led workshops in Eritrea, Guinea and Malawi. To address school-related gender-based violence, the Initiative has worked with UNESCO to launch the Global Partners' Working Group and collaborated with Education International to involve African teachers' unions.

61. The United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice is a recent normative instrument developed with the support of the United Nations Office on Drugs and Crime, in close cooperation with UNICEF, OHCHR and the Special Representative of the Secretary-General on Violence against Children. Adopted by the General Assembly in December 2014 (resolution 69/194, annex), these new standards showcase the international community's preparedness to face the challenge of violence against children.

62. The Together for Girls Initiative, a global public-private partnership, including UNAIDS, UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), WHO, the Government of the United States of America and members of the private sector, works to bring an end to violence against children and, in particular, sexual violence against girls. The Initiative has helped to collect data in 11 countries through national surveys in order to sustain evidence-based, coordinated programme actions, global advocacy and public awareness efforts.

63. In 2015, *All In* was launched by UNAIDS, UNICEF, UNFPA, WHO and other partners. This initiative to end adolescent AIDS seeks to engage adolescents as actors of change and strengthen data collection to improve programming, reach and services. The platform ensures that adolescent HIV features prominently on political agendas.

64. The Sahel Women's Empowerment and Demographics Project, a major initiative by the World Bank Group and UNFPA, helps partner countries to invest in the well-being of adolescent girls and women. It works by improving access to reproductive health supplies and services, strengthening the workforce of midwives and nurses, and supporting adolescent girls' initiatives.

C. Improvements in sex-disaggregated data collection and analysis

65. Comprehensive data disaggregated by sex and age enable United Nations agencies, Member States and NGOs to better delineate areas requiring intervention.

Disaggregated data also help to determine the resources and actions needed to address challenges appropriately.

66. In 2014, UNICEF released several important analyses on gender disparities: *Violence against Adolescent Girls* presented the largest compilation of data and analyses on this subject. *Female Genital Mutilation/Cutting: What might the future hold?* and *FGM/C Country Profiles* responded to General Assembly resolution 68/146 by concentrating on attitudes and circumstances in the 29 countries where the practice is prevalent. *Ending Child Marriage: Progress and prospects* documented the scope, prevalence and inequities associated with child marriage.

67. Multiple Indicator Cluster Surveys collect gender data for over 50 countries on more than 100 indicators. Some surveys include modules on harmful practices such as child marriage and female genital mutilation/cutting. In 2014, the United Nations Inter-agency Group for Child Mortality Estimation updated sex-specific child mortality estimates. Inter-agency maternal mortality estimates were also updated. In 2014, the WHO landmark publication, *Health for the World's Adolescents: A second chance in the second decade*, provided current data on the health issues and behaviours of adolescent girls and boys.

D. Strengthening education

68. Gender disparity has narrowed at all levels of education since 2000. Five of the nine developing regions have achieved gender parity in primary education, representing about two thirds of countries.[20] As a result, the number of girls in low-income countries enrolled in primary school more than doubled between 1990 and 2012, from 23.6 million to nearly 63 million.[21] Countries showing substantial progress have comprehensive girl-focused policy and legal frameworks. UNESCO indicates that 40 of 59 reporting Member States either explicitly guarantee girls' education or forbid gender-based discrimination in their national constitutions, legislation or policies.

69. Many initiatives are in place to help the poorest girls to attend school. Mauritius, Mexico and Turkey provide scholarships and allowances. In Mali, 85,800 children (mostly girls) are supported through a Mother's Scholarships cash transfer programme to enrol and remain in school. An initiative led by the United Kingdom of Great Britain and Northern Ireland, the Girls' Education Challenge, is dedicating £355 million to improve education for 1 million of the poorest and most marginalized girls in 18 countries. The World Food Programme (WFP) provides vital nutritional support to nearly 20 million children (49 per cent girls) in 63 countries, helping girls to remain in school despite hardships.

E. Improvements in health and HIV prevention

70. Adolescent girls' access to reproductive health services has improved in some countries. GAVI, the Vaccine Alliance, with support from WHO, UNICEF and

[20] See United Nations Department of Economic and Social Affairs, *Millennium Development Goals Report 2015*.

[21] The Brookings Institution, *Raising the Global Ambition for Girls' Education*, Washington, D.C. (December 2014).

UNFPA, is increasing girls' access to cervical cancer prevention programmes and human papillomavirus vaccine in 15 African countries. In Europe, Bulgaria and Finland have also implemented such programmes.

71. In December 2013, a consultative process spearheaded by UNAIDS, in collaboration with UNESCO, UNFPA, UNICEF and WHO, led to a landmark African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in 20 countries in Eastern and Southern Africa.

72. Sex education in school curricula has been strengthened in Bulgaria and Paraguay by including gender and rights in their national plans for sexual and reproductive health. The Government of Argentina and UNFPA collaborated on "Talking is Preventing" to educate girls on pregnancy prevention.

73. Cash transfer programmes have been shown to increase HIV prevention benefits, including reduced incidence of transactional sex and age-disparate sex. In Kenya, monthly $20 transfers reduced the odds of sexual debut at a young age by 31 per cent, with larger effects for girls (42 per cent compared with 26 per cent for boys).[22] In Malawi, girls in households receiving $4 to $10 monthly unconditional transfers had 33 per cent lower HIV incidence.[23] Additionally, supportive legislation and strategies remain a critical component of the HIV response.

F. Approaches to addressing violence against girls

74. To decrease violence, exploitation and abuse of girls, rights-based legislation must be accompanied by responsive social services and interventions. For instance, Bulgaria provides assistance, support and reintegration services to child victims of abuse and violence. Finland has programmes to reduce intimate partner violence against women in all age groups. The Republic of Georgia, recognizing the problem of female infanticide, issued a decree in 2014 prohibiting sex-selective abortion (except for sex-linked hereditary disorders), but legal bans on women's reproductive rights remain controversial.

75. Some initiatives help to address violence in school settings. In Mexico, the subjects of gender and human rights and violence eradication have been included in the upper secondary curriculum, and the proportion of school staff trained in gender violence prevention has increased by 46 per cent. Boys and men are crucial partners in addressing violence and discrimination against girls. UN-Women's ongoing HeForShe campaign intends to mobilize 1 billion men as advocates and agents of change for that purpose. WHO is carrying out evidence-based advocacy on promoting equitable gender norms in early adolescence to end the cycle of violence against girls. Additionally, UN-Women's Safe Cities programme, implemented with UNICEF and the United Nations Human Settlements Programme (UN-Habitat), engages multiple stakeholders to ensure that girls and women can enjoy public spaces without fear of violence in 20 capital cities.

[22] See S. Handa and others, "The Government of Kenya's cash transfer program reduces the risk of sexual debut among young people age 15-25", PLOS ONE, Vol. 9, No. 1 (15 January 2014).

[23] See S. J. Baird and others, "Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomised trial", *The Lancet*, Vol. 379, No. 9823 (7 April 2012).

G. Efforts to prevent sexual abuse and exploitation

76. Various measures to prevent sexual abuse and exploitation have been employed by Member States. For example, Bosnia and Herzegovina ratified the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse and produced its first report on implementation in March 2014. Lithuania amended the law on Fundamentals of Protection of the Rights of the Child to prohibit persons convicted of sex crimes from working with children.

77. Other examples in social services include Mexico, where civil society organizations have promoted the emotional recovery of child victims of abuse, neglect or sexual abuse. The 2014 Child Protection Register in Mauritius records and reaches out to children in distress. In China, UN-Women works with the Beijing Cultural Development Centre to educate girls, caregivers, teachers and local authorities on protecting migrant girls from abuse, exploitation and violence. Globally, the Working Group on Girls, a coalition of 50 organizations, advocates for greater resources for girl victims in conflict zones and refugee camps.

H. Efforts to end harmful practices

78. In terms of recognizing the urgency to end child marriage, 2014 was a breakthrough year. With support from UNICEF, UNFPA, WHO, the United Nations Development Programme (UNDP) and a broad group of girls' rights advocates, Member States adopted substantive resolutions on ending child marriage through initiatives in the General Assembly and the Human Rights Council. A 12-country UNICEF-UNFPA Global Programme on Accelerating Action to End Child Marriage has been established and includes high-burden and prevalence countries such as Bangladesh, Ethiopia, India, Nepal and the Niger. In May 2014, the African Union launched a historic two-year, 10-country campaign to end child marriage across Africa. In Bangladesh, UNDP supported the National Human Rights Commission in developing the Child Marriage Restraint Act, endorsed in 2014.

79. Twenty-one countries in the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting reported implementing activities during 2014. Campaigns in the Gambia, Kenya, Senegal and Somalia mobilized over 20,000 youths to call for an end to the practice. The majority of women and girls in Egypt, the Gambia, Guinea, Mali, Sierra Leone and Somalia have declared support for an end to it. UNDP is working in Egypt, Eritrea and Somalia on ending female genital mutilation/cutting through supporting national strategies, female genital mutilation/cutting mapping, gender advocacy and programming.

I. Protection of girls with disabilities

80. At the high-level meeting of the General Assembly on disability and development, held on 23 September 2013, the Assembly recognized the specific vulnerability and exclusion of girls with disabilities (see resolution 68/3), and Member States are taking action. Paraguay ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol. Lithuania approved an action plan to transition children and girls with disabilities out of institutions and into more nurturing family environments.

VI. Recommendations

81. The examples given above demonstrate significant progress, and in order to enhance and expand these efforts, decisive governmental action and broad support from development agencies, NGOs and civil society is required. Active engagement by girls, boys, women and men is equally essential.

A. Strengthen infrastructure and services

82. The focus on water, sanitation and hygiene in the present report shows that infrastructure and services need to be strengthened to address girls' needs, access and rights. The absence of safe water, improved sanitation and hygiene facilities in the home and at school impedes girls' health and denies them dignity. Infrastructural investments that bring and maintain water and sanitation facilities to the home — or at least near it — are essential for furthering girls' health, dignity and time utilization. Bringing water and separate sanitation and hygiene facilities for boys and girls — including menstrual hygiene management — to schools is a matter of urgency if gender equitable education goals are to be achieved.

83. Similarly, access to reproductive health care and family planning services is crucial to help adolescent girls to prevent unwanted pregnancy and reduce their risk of HIV and AIDS. School distance and lack of safe transportation remains an important impediment to girls' education, particularly at the secondary level. Strengthening the infrastructure includes building schools closer to girls' homes and staffing them with high-quality teachers, especially female teachers. Access to information and communication technologies must be widely improved to provide girls with the tools necessary for economic and social advancement. The harassment girls and women face on public transportation diminishes their freedom of movement and their security, and it must be addressed.

B. Enforce laws and implement policies

84. Countries continue to enact important legislation that helps to remove obstacles facing girls. However, legislation is only meaningful if it is enforced. Implementation of policies must be monitored to build an evidence base and accountability on progress. Among the concrete measures needed to facilitate implementation are budgeting to develop policy provisions that emphasize girls' rights; building the skills and capacity of service providers to meet girls' needs; adequately staffing programmes that advance girls' opportunities and rights; and tracking and monitoring progress on girl-focused plan components.

C. Address gender inequality in education as a matter of urgency

85. Inequalities will not be reduced and interventions will not be sustainable unless educational inequalities are addressed. Eliminating gender disparity in enrolment is only the first step. Next the myriad barriers that prevent girls from accessing and completing school must be addressed. Poor-quality education can strengthen societal views that marriage is the only measure of girls' success. Appropriate legislation, policies, financing, monitoring and public awareness campaigns are needed to

promote realization of girls' right to a quality education, which in turn motivates other girls and families. Successful girls create more successful girls.

86. Important steps are abolishing school fees; providing cash transfers and stipends targeting girls; initiating school-feeding programmes; and subsidizing transportation to school. Recruiting more qualified female teachers is essential in enrolling more girls and providing positive role models. The school environment must be made safe and non-discriminatory, with zero tolerance for gender-related and other types of violence, in particular corporal punishment. Eliminating discriminatory norms and practices such as exclusion owing to pregnancy or child marriage will further promote fulfilment of the rights of the girl child.

D. Strengthen data collection, indicators and use of evidence

87. The paucity of quantified evidence on gender discrimination with respect to girls is a persistent problem, as apparent especially in fields such as infrastructure or water, sanitation and hygiene, which have not been sufficiently viewed from a gender lens. Multiple dimensions of water and sanitation access and utilization affect girls and boys differently, and hygiene needs for adolescent girls and boys are sex specific. In these and many other areas — including health, nutrition, learning, poverty assessment, violence and risk behaviours — collecting and disaggregating data by sex and age is a fundamental prerequisite to addressing the drivers of discrimination and exclusion. Additionally, research on effective interventions and their delivery for girls at scale is necessary in order to fulfil the rights of large numbers of girls. As the post-2015 development agenda is finalized and implemented, sex and age disaggregated indicators and evidence will be key in monitoring progress on girls' well-being and rights.

E. Empower girls to participate meaningfully

88. Girls face multiple challenges in diverse cultural and socioeconomic contexts, including barriers to expressing their views. Particular efforts must be made to proactively engage girls, especially girls who are marginalized. Their meaningful participation in shaping interventions designed to benefit them is essential. Further research can help to highlight the benefits, challenges and outcomes of girls' participation, particularly when such efforts challenge entrenched power relations. Best practices for engaging girls as agents of change and actors in realizing their own rights need to be documented and built upon.